MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
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| APPLICANT(S) | |

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| 37 | | \mathcal{O} | | - | | | 1 L | 87 | | | | .1 | | 1 |
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| TOTAL IND. | 10 | | | | 1 | 1 | | TOTAL IND. | ĺ | 1 | | 1 | | 1 |
| TOTAL | 46 | — | | - | | — | 1 h | TOTAL | <u> </u> | - | | " 1 | | |
| DEP. | 76 | 402 CM | | Nav Koza | | Marky. | 1 H | DEP. TOTAL CLAIMS | | Z77.63 | | 2700 | | Partie Committee |
| TOTAL CLAIMS | 56 | | L | | <u> </u> | | U L | CLAIMS | <u> </u> | 6-11-5-3 | | | ــــــــــــــــــــــــــــــــــــــ | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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